

## **Attachment A**

# **Jacobs Health, Safety, and Environment Requirements For US Subcontractors**

**Revision 8  
October 2008**

## Health, Safety, and Environment Requirements For US Subcontractors

### Table of Contents

1.0	Subcontractor Health, Safety and Environment Requirements .....	3
2.0	Definitions .....	3
3.0	Documentation and Reporting Requirements .....	3
4.0	HSE Training/Communication Requirements .....	4
5.0	Basic HSE Requirements.....	5
6.0	Certification, Inspections, and Regulatory Agency Permits .....	8
7.0	Hazardous Chemicals .....	8
8.0	Respiratory Protection.....	9
9.0	HSE Surveys .....	9
10.0	Planning and Observation Procedures .....	9
11.0	Accident/Incident Investigation .....	10
12.0	Drugs, Alcohol, and Contraband .....	10
13.0	Medical And Exposure Monitoring .....	11
14.0	Imminent Danger Situations.....	11
15.0	HSE Adherence Policy.....	12
16.0	Exhibits.....	12
	Exhibit 1 — Subcontractor HSE Data Form .....	14
	Exhibit 2— Monthly Subcontractor HSE Statistics Report.....	18
	Exhibit 3 — Notice of HSE Non-Compliance .....	19
	Exhibit 4 — Warning Letter for HSE Non-Compliance .....	20
	Exhibit 5 — Written Notice of Temporary Job Suspension.....	21
	Exhibit 6 — Safe Plan of Action .....	22
	Exhibit 7 — Safety Observation Report .....	22
	Exhibit 8 — Accident/Incident Investigation Report .....	22
	Exhibit 9 — Witness Statement.....	22
	Exhibit 10 — First Aid Register .....	22

**1.0 SUBCONTRACTOR HEALTH, SAFETY AND ENVIRONMENT REQUIREMENTS**

It is the policy of Jacobs, hereafter referred to as “Contractor”, to select, contract with, and oversee Subcontractors with the same priority and emphasis on Health, Safety and Environment (HSE) protection as we practice for our own employees. It is a contractual requirement that Subcontractors comply with all applicable contractor, client, State, and Federal health, safety, and environmental regulations.

This Attachment specifies Contractor’s HSE requirements that may exceed OSHA standards or the Subcontractors’ normal HSE procedures. Subcontractors are responsible for reviewing and implementing the HSE requirements set forth in this Attachment, the Project Hazard Assessment and Safety Action Plan (HASAP), and Jacobs Health Safety and Environmental Procedures (HSEPs). Subcontractors are also responsible for ensuring that their lower tier subcontractors review and implement these HSE requirements.

**2.0 DEFINITIONS**

Accident/Incident	An unplanned, undesirable event that disrupts work activity.
Contractor	Jacobs Engineering Group or the Jacobs operating group or subsidiary company named in this contract in which these Subcontractor HSE requirements are incorporated.
Safe Plan of Action (SPA)	A task-specific planning document used to help ensure that every task receives proper HSE assessment and planning. Also referred to as a Job Safety Analysis (JSA) in some locations.
Subcontractor	The party, including “subconsultants”, defined in the subcontract with Contractor for which these subcontractor Health, Safety, and Environmental Requirements are incorporated. Subcontractor Health, Safety, and Environmental Requirements shall extend to and govern Subcontractor’s subcontractors, vendors, employees, and others under its direction or control.
Site/Project Management	The highest-ranking Contractor representative whose regular work location/office is at the project site.
Task Safety Awareness (TSA)	A review of the SPA among the crew and supervisor to discuss and resolve any HSE issues before work is continued, when there has been a break in the work schedule, change in work conditions, change in crew, etc.
Work	The total of the Subcontractor’s responsibilities as set forth in the Subcontract Documents.

**3.0 DOCUMENTATION AND REPORTING REQUIREMENTS**

- 3.1. Before mobilizing to the project, the Subcontractor and its lower-tier subcontractors shall forward to the Contractor Site/Project Management a copy of their company’s HSE Program.
- 3.2. Subcontractors must submit the information required by [Exhibit 1](#), Subcontractor HSE Data Form, before award of subcontract, unless specifically exempted from this provision by the Contractor.
- 3.3. A project-specific HSE Plan or, in the case of hazardous waste operations, an HSP (see paragraph 3.4), must be generated by each Subcontractor mobilizing on the project. This plan must include a project-specific Emergency Response Action Plan in accordance with Contractor, Client, State, and Federal requirements.
- 3.4. If the project is regulated as a hazardous waste or emergency response operation, as defined in 29CFR 1926.65 or 29CFR 1910.120, then the Subcontractor has the choice of adopting the site Health and Safety Plan (HSP) or developing a similar plan that is, at a minimum, equally protective and compliant. Subcontractor site personnel shall read and acknowledge by signature that they will comply with the applicable HSP.

- 3.5. Subcontractor shall furnish to the Contractor the names and qualifications of the Competent Persons and Qualified Persons, who may be required for their scope of work by the contractor's safety procedures and by Federal, State, or local regulations. Examples include Competent Persons and/or Qualified Persons for steel erection, excavation, scaffold erection, confined space entry, crane and rigging operations, annual crane inspections, fall protection, including horizontal lifeline systems,<sup>1</sup> etc.
- 3.6. Subcontractors are responsible for maintaining a First Aid Register ([Exhibit 10](#)) for all employee injuries and illness reported on the project.
- 3.7. Subcontractors must immediately inform the Contractor Site/Project Management of any OSHA, EPA, or other HSE regulatory agencies' inspections or other actions involving the Subcontractor's work.
- 3.8. Subcontractor employees must promptly report all potentially work-related incidents, injuries, or illnesses to their Supervisor or their Site HSE Representative.
- 3.9. Subcontractor must promptly report all potentially work-related incidents, injuries, or illnesses to the Contractor Site/Project Management or Contractor Site HSE Representative, after the appropriate level of medical assistance has been arranged.
- 3.10. Injuries, illnesses, or any incident involving a third party or a member of the general public must be promptly reported to the Site/Project Management.
- 3.11. Incidents involving potential exposures to hazardous materials and releases or spills of such materials must be promptly reported to the Site/Project Management.
- 3.12. Accident investigation reports for all Subcontractor accidents, injuries, and work-related illnesses shall be forwarded to the Site/Project Management within twenty-four hours of the occurrence.
- 3.13. Subcontractor employees are required to participate in documented, daily task-specific Safe Plans of Action ([Exhibit 6](#)) and regular Safety Observation Reports ([Exhibit 7](#)).
- 3.14. Subcontractors will conduct weekly HSE meetings, and signed copies of the meeting reports shall be made available to the Contractor upon request.
- 3.15. Subcontractors shall complete the Monthly Subcontractors Accident Statistics Report ([Exhibit 2](#)) for each month in which they conduct work on the project. These reports are due to the Contractor by the first business day of the month for the proceeding month.

#### **4.0 HSE TRAINING/COMMUNICATION REQUIREMENTS**

- 4.1. Subcontract employees must complete HSE training required by applicable Contractor, Client, State, and Federal HSE requirements. Such training may include, but is not limited to, a site-specific orientation and quiz provided by the Contractor, OSHA 10-Hour Construction Safety & Health Outreach Program, Safety Leadership Training for Supervisory Personnel, ergonomics training, and crane and rigging training. Documentation of all HSE training shall be maintained at the project site by the Subcontractor and provided to the Contractor upon request.
- 4.2. Workers involved with hazardous waste operations, as defined by 29 CFR 1910.120 or equivalent applicable State regulations, shall have met, prior to any field work activity or exposure, the training requirements of the standard. Certification of individual worker training shall be provided to Contractor prior to commencing work.
- 4.3. Subcontractors must certify that all operators of mobile equipment such as forklifts, cranes, aerial/boom lifts, buses, etc., have been trained and/or certified on the proper operation of the equipment. Mobile crane operators must be qualified on each crane (model, type, and rating) that they are assigned to operate through a testing and qualification procedure recognized by Contractor. Subcontractor will furnish qualified lift

---

<sup>1</sup> Added "horizontal lifeline systems," to paragraph 3.5.

supervisors that directly oversee the crane and associated rigging crews. Copies of their training and certification shall be maintained on the project site by the subcontractor and forwarded to the contractor upon request.

- 4.4. Subcontractors must establish a prompt and effective method of providing HSE communications such as HSE alerts, advisories, bulletins, regulatory updates, etc., to all site employees.

## 5.0 BASIC HSE REQUIREMENTS

The following HSE rules list Contractor's fundamental requirements for Subcontractor HSE. When there are multiple rules that may apply, the most stringent Contractor, Client, State, or Federal HSE regulations that govern the work shall be followed.

- 5.1. Each Subcontractor shall appoint an on-site HSE representative, who will attend regular Contractor HSE meetings and be responsible for implementation of the rules listed below, as well as other HSE rules determined, by the Contractor, to be necessary for the safe execution of the project. Subcontractors employing 35 or more workers, including their lower tier subcontract employees, must provide a full-time site HSE professional. Additional site HSE personnel are required for each additional 50 workers thereafter. Contractor shall determine appropriate qualifications for Subcontractor HSE personnel, based on project demands.
- 5.2. Hard hats (ANSI Z89.1 or equivalent) shall be worn at all times where overhead hazards exist (e.g. construction, environmental operations, operations or maintenance environment), regardless of the workers activities. This includes welders when using welding hoods.
- 5.3. Shirts with at least four-inch sleeves shall be worn at all times. No tank tops are allowed. Loose or frayed clothing, loose or hanging long hair, ties, rings, body jewelry, etc. shall not be worn around moving machinery or other areas where they may become tangled.
- 5.4. Hearing protection shall be worn when exposures exceed 85 DBA.
- 5.5. Hard-toe footwear (ASTM F2413, or equivalent) shall be worn by all workers when in the construction environment or in areas where there is a danger of foot injuries due to falling, rolling, or piercing objects or when employee's feet are exposed to electrical hazards.
- 5.6. Safety glasses with rigid side shields (ANSI Z87.1, or equivalent) shall be worn at all times when in the construction environment and in any area where eye hazards exist. This includes under welding hoods and for workers with prescription eye wear. Safety goggles may be worn over non-safety prescription eyewear.
- 5.7. Face shields must be worn in addition to safety glasses when grinding, chipping, jack hammering, and power sawing or when conducting other tasks that involve such face and/or eye hazards.
- 5.8. Gloves, appropriate for the hazard present, shall be worn when hands are exposed to absorption of harmful substances, cuts, abrasions, punctures, biological hazards, chemical burns, thermal burns, or harmful temperature extremes.
- 5.9. Subcontractor shall comply with the Contractor's 100% Fall Protection Policy. This policy states that "anytime employees are working from an unprotected elevation of six feet or more, fall protection must be used." Working as stated above means while traveling, stationary, or at anytime exposed to a fall from a surface not protected by approved handrails, guardrails or some other approved fall elimination device. Jacobs prohibits the use of positioning devices as the sole means of fall protection when working above six feet. Positioning device means a body belt or body harness system rigged to allow a worker to be supported on an elevated vertical surface, such as a wall, and work with both hands free.

- 5.10. The use of “passive” systems, such as safety nets, monitoring systems, or controlled access zones, as the sole means of fall protection when working above six feet, is prohibited. Jacobs prohibits the use of safety nets as an independent means of fall protection.
- 5.11. Workers in mechanical lifts, including scissor lifts, boom trucks, suspended or supported personnel baskets, articulating lifts, and other similar devices must use fall protection equipment at all times. Handrails on lifts may only be used for fall protection anchor points if approved by a Qualified Person. Such devices shall not be used as elevators to transport workers to different work locations.
- 5.12. All portable ladders must be clearly marked with the ladder owner’s name.
- 5.13. The safest means of worker access for overhead work (e.g., rolling scaffolds, mechanical lifts, platform ladders, etc.) shall be considered as alternatives to the use of portable ladders. If ladders are used, then the top of all straight and extension ladders shall be tied to a substantial anchor point before use; a second worker must hold the ladder until the tie-off is secure. And, if a worker’s feet are on or above the fifth rung of a stepladder, the top of the ladder must be tied to a substantial anchor or a second worker must hold the ladder throughout the task.
- 5.14. When ascending or descending a portable ladder, three-point contact is considered acceptable fall protection for fall exposures of less than 20 feet. When potential fall exposure exceeds 20 feet, personnel on ladders must be protected with a personal fall arrest system.
- 5.15. Decking sections shall be laid tightly and immediately secured upon placement to prevent accidental movement. During initial placement, decking sections shall be placed in such a manner to ensure full support by structural members and each piece shall be individually secured. Pre-installation or shake-out of multiple sections of decking using temporary methods of attachment, such as tack welding, is not allowed. The use of controlled decking zones is not allowed.
- 5.16. Work over or adjacent to water requires a specific safe work plan which must be approved by the Contractor before work begins. This includes, but is not limited to, rivers, lakes, canals, settlement ponds, and open tanks containing liquids. United States Coast Guard-approved Personal Flotation Devices (PFDs) must be worn when working over or adjacent to water. When working over water or adjacent to water without 100% fall protection, PFDs that will provide an unconscious user floatation in a face-up position must be used. Personnel shall not work over water alone.
- 5.17. Equipment and tools shall not be altered in any way to adapt it for a job for which the manufacturer does not intend it. The manufacturer of the equipment must approve any such adaptations or alterations to equipment in writing. Only trained and authorized persons shall operate machinery or equipment.
- 5.18. All hand-held power tools must be equipped with constant pressure switches that will automatically shut off power when the pressure (worker’s hand) is removed. Hand-held power tools with on/off or lock-on switches are not allowed.
- 5.19. Ground Fault Circuit Interrupters shall be used to protect all temporary electrical wiring and cord sets. The use of assured grounding (quarterly equipment inspections) in lieu of GFCIs is not an option.
- 5.20. Lock-out/tag-out procedures shall be followed to minimize the potential exposure of workers to hazardous energy. Hazardous pipelines or vessels will be isolated by using a double block and bleed system or by blanking. Every effort must be made to de-energize electrical equipment to be worked on and other electrical equipment in the area that may affect the work. If the equipment cannot be isolated or de-energized, written approval must be obtained from the Contractor’s Site Manager and Operations Manager before work proceeds. Only “Qualified Electricians” may work on energized or potentially

energized circuits. See 29 CFR 1910.332 for qualified electrician requirements. Jacobs considers equipment rated at 480 volts and above as “high voltage.”

- 5.21. Subcontractor shall comply with the provisions of NFPA 70E, “Standard for Electrical Safety in the Workplace.” Subcontractors shall ensure that their employees are trained in safe work practices, and that they are qualified, and that they are provided equipment, tools, and PPE that are specified in NFPA 70E.
- 5.22. Confined space entry work must follow a documented hazard assessment and safe work planning process, which must be submitted to the Contractor for review prior to entry.
- 5.23. High-visibility reflective safety apparel/vests (ANSI/ISEA 107, Class 2, or equivalent) must be worn by all personnel, who work on or near active highways, roads, or parking lots. Vests are also required for other work that places personnel, such as flaggers, riggers, survey crews, etc., near mobile equipment.<sup>2</sup>

Also, it is recommended that high visibility reflective safety apparel/vests be worn by all workers in the construction environment. The project-specific HASAP shall clearly define this PPE requirement.<sup>3</sup>

- 5.24. Motor vehicles and mobile equipment shall never be left running without an operator at the controls. Proper use of seatbelts by all occupants is mandatory. Motor vehicle operators are prohibited from using a mobile phone or two-way radio. This applies to both hands-free and non-hands-free devices. If the use of such a device by the motor vehicle operator is necessary, it is only allowed when the motor vehicle is stationary and in a safe location off the roadway. If required by the client, the use of two-way radios is allowed, provided that written approval by the relevant Jacobs Group Vice President is obtained and only while on a project location or within a client facility.
- 5.25. For movement of mobile equipment in congested areas, a designated flag-person shall be in full view of the operator and shall direct the movement. In some cases, multiple flag-persons may be required.<sup>4</sup>
- 5.26. The following are defined as “critical lifts” and require written approval from Contractor senior management. Mobile lifts:
  - over 50 tons,
  - exceeding 85% of the crane’s capacity,
  - involving more than one crane,
  - of a non-rigid object,
  - over active work areas,
  - in active process facilities,
  - over pipelines,
  - near power lines or public property, or
  - in confined or tight work areas.<sup>5</sup>
- 5.27. All outriggers on mobile cranes must be fully extended and fully deployed when the crane is used to lift or support a load. If, due to configuration or physical location, all outriggers cannot be fully deployed, calculations must be made from the “on-rubber” section of the

---

<sup>2</sup> Changed “motor vehicle” to “mobile equipment.”

<sup>3</sup> New paragraph.

<sup>4</sup> New paragraph.

<sup>5</sup> Expanded list of examples of critical lifts.

load chart. On-rubber lifts and pick-and-carry operations require Contractor Site Manager's written approval.

- 5.28. Anti two-block devices that automatically disengage crane hoist/boom functions when the hook or block approaches the jib or boom tip are required on all cranes.
- 5.29. Multiple lift rigging (Christmas tree lifts) is not allowed without written approval by the Contractor's Senior HSE Manager and a written site-specific plan to prevent exposure to overhead loads during such lifts.
- 5.30. All skid-steer style loaders shall be fitted with a manufacturer-approved safety glass front door, front cage cover of equivalent effectiveness, or other device designed to keep the operator's hands and arms inside the protective cage. Operators are also required to use a manufacturer-approved shoulder harness.<sup>6</sup>
- 5.31. Smoking is allowed only in designated smoking areas that have been approved by Contractor.

## **6.0 CERTIFICATION, INSPECTIONS, AND REGULATORY AGENCY PERMITS**

- 6.1. Certain operations may require a client and/or owner permit. Such activities may include but are not limited to hot work, confined space/vessel entry, excavations, asbestos abatement, lead abatement, etc. The Subcontractor representative shall ask Contractor Site/Project Management whether any parts of the Subcontractor's activities require a client and/or owner permit.
- 6.2. Some states and local authorities require permits for specific activities such as excavations, heavy lifts, asbestos/lead abatement, air permits, water permits, hazardous waste generation, etc. Subcontractors are responsible to secure and comply with these permits, unless Site/Project Management has delegated this responsibility to others in writing.
- 6.3. A third-party certified Competent Person shall make a thorough annual inspection of all cranes and powered hoisting equipment. Cranes assembled on site shall receive an annual inspection prior to being put into service. Documentation of all crane inspections shall be provided to the Contractor and must be maintained on site by the Subcontractor.
- 6.4. All scaffolding must be inspected and tagged by a Competent Person prior to initial use, before each work shift, and after any event that could affect its structural integrity. Suspended scaffolds must receive documented daily pre-use inspections. Untagged scaffolds must not be used.
- 6.5. Mobile equipment must receive daily pre-use inspections, which will be documented. Examples include forklifts, backhoes, personnel lifts/manlifts, etc.

## **7.0 HAZARDOUS CHEMICALS**

- 7.1. Subcontractors shall include planning for environmental compliance in the preparation of their HSP or HSE Action Plan. Issues to be considered include but are not limited to release reporting, air permits, water permits, asbestos/lead permits or notifications, hazardous waste generation and related disposal procedures, spill mitigation and clean up methods, etc.
- 7.2. Subcontractor shall have a written Hazard Communication Program and comply with the requirements of that program. A copy of the program shall be forwarded to Site/Project Management prior to mobilization and a copy shall be in the possession of the Subcontractor on the site.
- 7.3. Any potentially hazardous material or chemical brought onto the site shall be accompanied by a Material Safety Data Sheet (MSDS). Copies of MSDSs shall be forwarded to the Site/Project Management before the product is brought onto the site.

---

<sup>6</sup> New paragraph.

Some sites, such as FDA regulated facilities, do not permit the use of chemicals that are not on a pre-approved list.

- 7.4. Small quantities (less than 10 gallons) of hazardous liquids, such as gasoline, diesel fuels, and solvents, brought onto the site shall be stored in a properly labeled safety container with a flame arrestor and self-closing lid.
- 7.5. Site/Project Management shall be notified before any chemical or material is used that could create foul smelling, noxious, or toxic vapors or gasses.
- 7.6. All accidents involving exposure to potentially hazardous materials and hazardous material releases (as defined by EPA-RCRA) must be immediately reported to the Contractor Site/Project Management. It is important to report all releases or exposures even though the incident may be considered minor or no adverse health effects or symptoms are apparent at the time.

## **8.0 RESPIRATORY PROTECTION**

Subcontractors, who plan to use respirators as a part of their work operations, are required to forward to Site/Project Management a copy of their written Respiratory Protection Program. Refer to 29 CFR 1910.134.

## **9.0 HSE SURVEYS**

Site/Project Management and the Contractor HSE Department shall conduct periodic HSE surveys of the site. Any HSE discrepancy observed shall be reported to the appropriate Subcontractor representative for immediate correction.

These HSE surveys do not relieve Subcontractors of their responsibility to self-inspect their work and equipment and to conduct their work in a safe and environmentally compliant manner.

## **10.0 PLANNING AND OBSERVATION PROCEDURES**

In order to achieve the Contractor's goal of Zero Incidents, the following shall be implemented by the Subcontractor.

The SPA, the TSA, and the SOR process require each worker to receive on-the-job training from their direct Supervisor. Subcontractor employees shall also be trained and educated on their individual responsibilities contained in these tools by Contractor after mobilization.

### **10.1. Safe Plan of Action**

The Safe Plan of Action (SPA) is developed by the crew assigned to perform the work with guidance from their Supervisor. (See [Exhibit 6](#).) The Supervisor identifies the work area and task to be performed and then leads the crew in developing a Safe Plan of Action.

Creating the SPA requires the Supervisor to solicit crew participation in identifying hazards and hazard control measures such as PPE, training requirement, permits, procedures, etc.

Members of the team are required to sign the SPA document to indicate their participation, their understanding of the plan, and their agreement to follow the plan.

### **10.2. Task Safety Awareness**

The Task Safety Awareness (TSA) meeting is a daily HSE briefing associated with the task(s) that are scheduled for the crew during the work shift.

These meetings generally take from two to ten minutes and address the HSE measures specific to the tasks.

TSA meetings shall be conducted at least daily and whenever a task presents a change of hazards from the previous tasks.

### 10.3. Safety Observation Reports

The Safety Observation Report (SOR), [Exhibit 7](#), is a proactive process designed to identify and document HSE-related acts and conditions in the work environment. All Subcontractor's supervisors are required to participate in the SOR process by generating written SORs and turning them in to the Contractor Site/Project Management at least weekly.

The SOR allows any site worker to record observed proper or improper HSE practices and identifies the cause of any deficiencies so that corrective action can be taken.

## 11.0 ACCIDENT/INCIDENT INVESTIGATION

A formal accident investigation must be conducted when an accident occurs, including non-injury incidents, most first-aid type accidents, and environmental releases or spills.

- 11.1. In the event of a workplace accident, injury, or illness, the most important immediate actions are to provide medical assistance to those who may need it and to ensure the safety of others that may be affected or acting as emergency responders.
- 11.2. Securing the accident scene is essential to ensure an effective accident investigation. No materials or equipment shall be moved until a review of the accident is completed, except when securing equipment or materials that could result in further injury.
- 11.3. Obtain witnesses' names, permanent addresses, and signed statements of their complete factual observations. (See [Exhibit 9](#).)
- 11.4. All accident investigations must be documented using the Accident Investigation Report ([Exhibit 8](#)). All required reports should be completed and copies provided within 24 hours to the Contractor Site/Project Manager.

## 12.0 DRUGS, ALCOHOL, AND CONTRABAND

The Contractor strictly prohibits the use, sale, attempted sale, manufacture, possession, distribution, cultivation, transfer, or dispensing of any illicit substance. This includes the use or possession of prescription medications without a valid prescription.

Subcontractors shall implement a Drug, Alcohol, and Contraband Policy, including post incident testing, which meets the requirements of the Contractor's policy. Key elements of the Contractor's policy, except where prohibited by law, are:

- Pre-access/Pre-assignment testing current to within six months prior to initial assignment to work on the Contractor's project.
- Post-incident testing of any worker involved in a project-related workplace incident that results, or could have resulted, in
  - injury to any person requiring medical treatment beyond first aid,
  - any type of medical attention given by a third-party medical services provider (hospital, clinic, doctor, etc.),
  - a motor vehicle incident, or
  - property damage.

Post-incident testing must be conducted as soon as possible after the incident occurs.

- Reasonable suspicion testing upon reasonable suspicion by Contractor or subcontractor management that a worker is under the influence of a prohibited substance. In such cases, worker(s) shall be immediately removed from the project and surrender their project credentials. Personnel so removed may only be allowed to return with a negative test result and written permission of the Contractor.

- Periodic random or unannounced testing for workers randomly selected or chosen by job classification or worksite. The percentage of the workforce, or the number of workers, selected for testing shall be specified on a project specific basis and stated in the project's Hazard Assessment Safety Action Plan.

Possession or use of alcohol in a Contractor-, client-, or subcontractor-provided vehicle is prohibited.

Any worker whose drug or alcohol test is positive will be removed from the project and required to surrender their project credentials.

Refusal to submit to drug or alcohol testing, or attempts to tamper with, adulterate, dilute, or otherwise tamper with a test sample will be treated the same as a positive test result.

Subcontractor shall adopt collection, chain-of-custody, and other related procedures consistent with sound industry practice.

The owner's (client's) drug and alcohol testing requirements may be more stringent than the Contractor minimums. If so, the owner's requirements shall be enforced.

If the Contractor suspects that a worker is in possession of illegal drugs, alcohol, or contraband, the Contractor may request the individual to submit to a search of his or her person, personal effects, vehicles, lockers, and baggage. The Contractor may also conduct random searches of individuals entering or leaving the work site. Any suspected contraband will be confiscated and may be turned over to law enforcement, as appropriate. If an individual is asked to submit to a search and refuses, that individual will be considered insubordinate, will surrender their project credentials, will be escorted off the job, and will not be allowed to return.

Contractor shall have the right to review the subcontractor's Drug, Alcohol, and Contraband Policy and to audit the subcontractor's implementation of their program at the jobsite.

Subcontractors shall comply with all applicable federal, state, and local alcohol and drug-related laws and regulations.

### **13.0 MEDICAL AND EXPOSURE MONITORING**

Subcontractors involved with operations, such as those involving hazardous waste, asbestos or lead abatement, certain carcinogenic compounds, etc., shall describe their medical and exposure monitoring procedures and their proposed compliance methods in their HSE Action Plan or HSP.

Employees involved in these operations shall have met, prior to any fieldwork activity or exposure, the medical requirements of applicable regulations or standards, including, but not limited to, a baseline medical exam and periodic update exams, as required.

Employee medical requirements and limitations shall be considered prior to the use of certain types of PPE, such as respirators.

### **14.0 IMMINENT DANGER SITUATIONS**

Upon discovery of any situation that may, in the opinion of the Contractor, reasonably be expected to cause serious physical harm, illness, death, or significant environmental damage, the Subcontractor Site/Project Management or HSE representative shall suspend the related work immediately. Work may resume only after the HSE concern(s) have been corrected, to the satisfaction of the Contractor. Examples of "imminent danger" situations may include, but are not limited to the following:

- Falls from elevations
- Excavations not properly sloped or shored
- Electrocution hazards
- Work activities posing injury hazards to the general public
- Operation of vehicles, machinery or heavy equipment in an unsafe manner

- Improper Lock Out/Tag Out procedures

In addition to the immediate suspension of work, the procedure for correction of imminent danger situations follows the "HSE Adherence Policy" set forth below.

## 15.0 HSE ADHERENCE POLICY

Subcontractors are required to comply with the applicable HSE requirements and regulations. The procedures below outline a three-step, progressively administered system to correct compliance problems. However, if in the opinion of the Contractor, non-compliance issues are considered to be severe, Subcontractors' contracts may be terminated at any time.

### 15.1. Action Level One

If a Subcontractor fails to comply with an applicable HSE standard, Site/Project Management will issue a written "Notice of HSE Non-Compliance" ([Exhibit 3](#)) to the Subcontractor's site representative. Site/Project Management will also forward a "Warning Letter for HSE Non-Compliance" ([Exhibit 4](#)) and a copy of the Notice of HSE Non-Compliance to the Subcontractor's President or Operations Manager. Copies of these documents shall be forwarded to the Jacobs Operations and HSE Managers.

### 15.2. Action Level Two

If item(s) of HSE non-compliance are not corrected by Action Level One, or if the Subcontractor repeatedly fails to comply with the applicable HSE regulations, the Site/Project Manager will issue a "Written Notice of Temporary Job Suspension" ([Exhibit 5](#)) to the Subcontractor. The Subcontractor's work may not resume until the Contractor Operations Manager and the Subcontractor's Division Manager or equivalent have met and the Subcontractor has proposed corrective actions that are acceptable to the Contractor. Actions that may be considered include, but are not limited to:

- Removal of certain Subcontractor personnel from the project,
- Alteration of the Subcontractor's job procedures, or
- Implementation of corrective action by the Contractor with back charges to the Subcontractor.

The Subcontractor shall not resume work until the Contractor's Operations Management accepts the proposed corrective actions. Contractor Operations Management will document and keep on file the meeting results in the form of meeting minutes.

### 15.3. Action Level Three

If Action Levels One and Two do not result in the Subcontractor's HSE performance being brought into compliance, subcontract termination may result. Contractor Operations Management may terminate the subcontract after verifying with the Site/Project Management that the HSE adherence procedure has been followed and after giving the Subcontractor applicable notice. Subcontractors that have a contract terminated in accordance with this procedure are ineligible to participate in future Contractor projects until they have implemented and demonstrated corrective actions to improve their deficiencies. Only written approval from the Contractor's Director of Operations can reinstate a Subcontractor's eligibility.

## 16.0 EXHIBITS

Exhibit 1, [Subcontractor HSE Data Form](#)

Exhibit 2, [Monthly Subcontractor HSE Statistics Report](#)

Exhibit 3, [Notice of HSE Non-Compliance](#)

Exhibit 4, [Warning Letter for HSE Non-Compliance](#)

Exhibit 5, [Written Notice of Temporary Job Suspension](#)

Exhibit 6, [Safe Plan of Action](#)

Exhibit 7, [Safety Observation Report](#)

Exhibit 8, [Accident/Incident Investigation Report](#)

Exhibit 9, [Witness Statement](#)

Exhibit 10, [First Aid Register](#)

### Exhibit 1 — Subcontractor HSE Data Form

**Provide HSE Performance History For Last Three Full Years**

Enter Year	20__	20__	20__
Workers Compensation Experience Modification Rate (EMR)			
If self insured, provide employee work hours per claim			
Number of employee hours worked			
Number of fatalities (Column G on OSHA Form 300; provide explanation on separate sheet for each fatality)			
Number of cases involving days away from work (Column H on OSHA Form 300)			
Number of job transfer or restricted duty cases (Column I on OSHA Form 300)			
Number of "other recordable cases" (Column J on OSHA Form 300)			
Total of all cases above (fatalities, days away from work, transfers or restricted duty, and other recordable cases, i.e., the total of Columns G, H, I, and J)			
OSHA Incidence Rate (total recordable cases x 200,000/total work hours)			
Number of citations by OSHA and other HSE regulatory agencies (provide details for each on a separate sheet)			
Number of miles driven on company business			
Number of motor vehicle accidents			
Miles driven divided by number of vehicle accidents			

**HSE Program**

	Yes	No
Do you have a written hazard communication program?		
Do you have a written HSE program?		
Do you have a written drug and alcohol abuse prevention program, which includes pre-employment, reasonable suspicion, and post incident testing?		
Do you have a written respiratory protection program?		
Do you have a new employee orientation program? If yes, does it contain instructions on:		

	Yes	No
• Company HSE Policy		
• Company HSE Record		
• Company HSE Rules		
• Driving Safety		
• Electrical Safety		
• Fall Protection		
• Fire Protection		
• First Aid		
• Hazard Recognition		
• Hazard Reporting		
• Hearing Conservation		
• Housekeeping		
• HSE Meeting Attendance		
• Injury Reporting		
• Ladders and Stairway Safety		
• Lock-out/Tag-out		
• Personnel Protective Equipment		
• Personnel Protective Equipment		
• Toxic Substances		
• Trenching and Excavation		
Do you have a training program for newly hired or promoted first line supervisors? If yes, does it contain instructions on:		
• Accident Investigation		
• Emergency Procedures		
• First Aid Procedures		
• Hazard Recognition		
• HSE Supervision		
• Incident Reporting		
• New Employee Orientation		
• Safe Work Practices		
• Tailgate/Toolbox HSE Meetings		
Supervisor HSE meetings are conducted:		
• Weekly		
• Bi-weekly		

	Yes	No
• Monthly		
• Less often, as needed		
Do you conduct field HSE inspections of work in progress?		
If yes, who conducts the inspections? _____		
How often? _____		
Are accident reports circulated to your management?		
Is HSE a (documented) weighted factor in evaluating in the performance of:		
• Foreman		
• Supervisor		
• Management		
Does your firm hold "Toolbox" HSE Meetings? If yes, how often:		
• Weekly		
• Bi-weekly		
• Monthly		
• Less often, as needed		

**HSE Staff**

	Number
How many full time HSE professionals do you have on staff?	
How many full time industrial hygienists do you have on staff?	
How many full time physicians do you have on staff?	

Who is the most senior staff HSE professional at your company?		
Name:	Title:	Phone:
Who should we contact to discuss the details of the information contained in this document?		
Name:	Title:	Phone:

## **Exhibit 2— Monthly Subcontractor HSE Statistics Report**

For Exhibit 2, provide either

- the [Subcontractor Safety Statistics Monthly Report Blank Form](#), which is the preferred format, or
- if the subcontractor does not have electronic capabilities, provide the [Monthly Subcontractor Accident Statistics Report](#), so that requested information can be obtained in paper form,

and include here as Exhibit 2 to Attachment A.

## Exhibit 2

### Monthly Subcontractor Accident Statistics Report

---

For (Month & Year):

Project Name:

Subcontractor Name:

---

Workhours for the month: \_\_\_\_\_ Workhours Year-to-date: \_\_\_\_\_

Number of injuries & illnesses for which treatment was provided by a physician: \_\_\_\_\_

Number of OSHA Recordable injuries & illnesses: \_\_\_\_\_

Number of Restricted duty cases: \_\_\_\_\_ Number of Lost time (days away) cases: \_\_\_\_\_

In the space provided, please list all injuries and illnesses, which have occurred to employees of your company on the above project for this month. Include accident cause, injury/illness suffered, and current status of injured or ill employee, i.e., returned to work, still off work, awaiting surgery, etc.

#### Report Completed By

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this report to the Site Manager on the above project by the 5<sup>th</sup> day of each month for the preceding month's work activities.

### Exhibit 3 — Notice of HSE Non-Compliance

To:

Site Representative for:

Your company has been found to be in non-compliance with one or more Federal, State, or Contractor HSE requirement(s), as specified below. This HSE non-compliance must be corrected immediately for your company to meet the requirements of your subcontract.

Item No.	Description of Non-compliance	Applicable HSE Requirement

Issued By (Project Manager or Site Manager Issuing Notice):

Name Printed:	Title:
Signature:	Date:

Received By (Subcontractor Representative Receiving Notice):

Name Printed:	Title:
Signature:	Date:

cc: Contractor Operations Manager  
HSE Representative

### Exhibit 4 — Warning Letter for HSE Non-Compliance

Project Name:

Project Number:

Your firm, \_\_\_\_\_,

has been found to be in violation of your contract by non-compliance with applicable Federal, State, or Contractor HSE requirements.

On \_\_\_\_\_ (date),  
in accordance with the Contractor Subcontractor HSE Adherence Policy, your representative, \_\_\_\_\_,

was given a Notice of HSE Non-Compliance (copy attached). This notice specifies areas where your company does not comply with Federal, State, or Contractor HSE requirements, and requests that these items be corrected immediately.

If they are not corrected, more stringent measures will be taken in accordance with Jacobs Subcontractor HSE Adherence Policy.

Your prompt attention to this matter will be appreciated.

Issued By (Project Manager or Site Manager Issuing Warning Letter):

Name Printed:	Title:
Signature:	Date:

Received By (Subcontractor Representative Receiving Warning Letter):

Name Printed:	Title:
Signature:	Date:

cc: Contractor Operations Manager  
HSE Manager

### Exhibit 5 — Written Notice of Temporary Job Suspension

Your company, \_\_\_\_\_

while working on the \_\_\_\_\_

project has been notified of HSE performance deficiencies in accordance with Jacobs' Subcontractor HSE Adherence Policy.

Despite these written notifications requesting that immediate corrective action be taken to improve your HSE performance, improvement has not occurred.

Therefore, in accordance with Action Level Two of the Subcontractor HSE Adherence Policy, we are hereby notifying you that after securing your equipment, all job activities on the project named above are to cease.

Activities on this project may be resumed only after your company meets requirements set forth in the Subcontractor HSE Adherence Policy.

Issued By:

Name Printed:	Title:
Signature:	Date:

cc: Group Vice President  
Operations Manager  
HSE Manager

### **Exhibit 6 — Safe Plan of Action**

Print side one and side two of the SPA form found in [HSEP 2.16, Safe Plan of Action](#) and include here as Exhibit 6. The SPA form is found in HSEP 2.16 as HSEP 2.16f1, [Safe Plan of Action Form](#).

### **Exhibit 7 — Safety Observation Report**

Print the SOR form found in [HSEP 2.17, Safety Observation Reports](#) and include here as Exhibit 7.

### **Exhibit 8 — Accident/Incident Investigation Report**

Print the Accident/Incident Investigation Report form found in [HSEP 5.1, Accidents and Incidents](#) as Figure 2 and include here as Exhibit 8.

### **Exhibit 9 — Witness Statement**

Print the Witness Statement form found in [HSEP 5.1, Accidents and Incidents](#) as Figure 4 and include here as Exhibit 9.

### **Exhibit 10 — First Aid Register**

Print the First Aid Register form found in [HSEP 5.1, Accidents and Incidents](#) as Figure 6 and include here as Exhibit 10.



## HSE Requirements for US Subcontractors

**Review checklist while completing front page of SPA. Check all that apply.**

A new SPA is required if the job scope or work conditions change.

Required Permits	Hazards	Safe Plan
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Power de-energization required <input type="checkbox"/> Insulation blankets required <input type="checkbox"/> Wire watcher required
<input type="checkbox"/> Critical Lift		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Crane or other	<input type="checkbox"/> Signaller assigned <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Area around crane barricaded
<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Lifting Equipment	<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load
<input type="checkbox"/> Soil Disturbance (Over 12")	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Reviewed as-builts <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received dig permit
<input type="checkbox"/> Utility Clearance		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone Marked
<b>Required PPE</b>	<input type="checkbox"/> Electrical	<input type="checkbox"/> Lock Out/Tag Out/Try Out <input type="checkbox"/> Permit required? <input type="checkbox"/> Confirm that equipment is de-energized
<input type="checkbox"/> Hard Hat, Class C	<input type="checkbox"/> Excavations	<input type="checkbox"/> Reviewed electrical safety procedures
<input type="checkbox"/> Hard Hat, Class E ( <i>Elect. Protect</i> )		<input type="checkbox"/> Permits <input type="checkbox"/> Inspected prior to entering <input type="checkbox"/> Proper sloping/shoring
<input type="checkbox"/> Ear Plugs/Ear Muffs	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water
<b>Eye Protection:</b>	<input type="checkbox"/> Vehicular Traffic or Heavy Equipment	<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire watch
<input type="checkbox"/> Safety Glasses		<input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Unnecessary flammable material removed
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Noise >85 dB	<input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Hand & Power Tools:	<input type="checkbox"/> Communication with equipment operator
<input type="checkbox"/> Welding Hood		Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both
<b>Hand Protection:</b>	<input type="checkbox"/> Hand Hazards	<input type="checkbox"/> Inspect general cond. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool
<input type="checkbox"/> Cut Resistant Gloves		<input type="checkbox"/> Reviewed safety requirements in operators manual(s) <input type="checkbox"/> Guarding OK
<input type="checkbox"/> Welders Gloves	<input type="checkbox"/> Manual Lifting	List sharp tools, material, equipment: _____
<input type="checkbox"/> Nitrile Gloves		<input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary
<input type="checkbox"/> Surgical Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Rubber Gloves		<input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts
<input type="checkbox"/> Elect. Insulated Gloves	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Inspect general cond. before use <input type="checkbox"/> Ladder inspected with in last quarter
<input type="checkbox"/> Arm Sleeves		<input type="checkbox"/> Ladder tied off or held <input type="checkbox"/> Proper angle and placement <input type="checkbox"/> Reviewed ladder safety
<b>Foot Protection:</b>	<input type="checkbox"/> Slips, Trips Falls	<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured
<input type="checkbox"/> Sturdy Work Boots		<input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate <input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Safety Toe Boots	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored
<input type="checkbox"/> Rubber Boots		<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris
<input type="checkbox"/> Rubber Boot Covers	<input type="checkbox"/> Working w/ Chemicals	List potential pinch points: _____
<input type="checkbox"/> Dielectric Footwear		<input type="checkbox"/> Working near operating equipment <input type="checkbox"/> Hand/Body positioning
<b>Respiratory Protection:</b>	<input type="checkbox"/> Asbestos or Lead Paint Potential	<input type="checkbox"/> List specific chemicals involved and list hazards and precaution on front side.
<input type="checkbox"/> Dust Mask		<input type="checkbox"/> Reviewed MSDS <input type="checkbox"/> Exposure Monitoring required <input type="checkbox"/> Have proper containers and labels.
<input type="checkbox"/> Air Purifying Respirator	<input type="checkbox"/> Heat Stress Potential	<input type="checkbox"/> Identified proper PPE (respirators, clothing, gloves, etc.)
<input type="checkbox"/> Supplied Air Respirator		<input type="checkbox"/> Areas to be worked may contain asbestos or lead paint <input type="checkbox"/> Asbestos controls incorporated
<input type="checkbox"/> SCBA	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Lead based point controls in place <input type="checkbox"/> Exposure monitoring conducted.
<input type="checkbox"/> Emergency Escape Respirator		<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Liquids available <input type="checkbox"/> Cool down periods
<b>Special Clothing:</b>	<input type="checkbox"/> Environmental	<input type="checkbox"/> Sun Screen <input type="checkbox"/> Reviewed Heat Stress symptoms
<input type="checkbox"/> Tyvek ®		<input type="checkbox"/> Proper clothing (i.e.. gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
<input type="checkbox"/> Poly Coated Tyvek ®	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods
<input type="checkbox"/> Fire Resistant Coveralls		<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> Adjacent Work/Processes	<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
<input type="checkbox"/> Safety Vest		<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
<b>Fall Protection:</b>	<input type="checkbox"/> Barricades/covers	<input type="checkbox"/> Animals/reptiles/insects hazards
<input type="checkbox"/> Harness		<input type="checkbox"/> Notified them of our presents <input type="checkbox"/> Other workers adjacent, above, or below.
<input type="checkbox"/> Double Lanyard Required		<input type="checkbox"/> Coordinated with adjacent supervisor/customer/operator <input type="checkbox"/> Need barriers between.
<input type="checkbox"/> Anchorage Point Available		<input type="checkbox"/> Caution barricade tape required <input type="checkbox"/> Danger barricade tape required <input type="checkbox"/> Rigid railing required
<input type="checkbox"/> Additional Anchorage Connector Needed e.g. Cross Arm Strap, etc.		<input type="checkbox"/> Covers over opening <input type="checkbox"/> Warning signs required
<input type="checkbox"/> Retractable Device Needed		<b>Additional Information:</b>
<input type="checkbox"/> Horizontal Life Line System Req'd.		
<input type="checkbox"/> Fall Clearance Distance Adequate		
<input type="checkbox"/> Fall Rescue/Retrieval Plan Set Up		



### Exhibit 8 — Accident/Incident Investigation Report

Date of Accident/Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Company: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_ Project Number: \_\_\_\_\_ Client: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Did injury result? Yes/No \_\_\_\_\_, If yes, provide Employee Name(s): \_\_\_\_\_

S.S. No.: \_\_\_\_\_ Skill: \_\_\_\_\_ Yrs. in this Skill: \_\_\_\_\_ Yrs. with Company: \_\_\_\_\_

Describe Type of Injury: \_\_\_\_\_

Was property damaged? Yes/No \_\_\_\_\_, Describe damage/owner: \_\_\_\_\_

\_\_\_\_\_

Is damaged property secured/maintained? Yes/No \_\_\_\_\_, Person Maintaining \_\_\_\_\_

Names of Witnesses/Coworkers (With Social Security No.): \_\_\_\_\_

\_\_\_\_\_

Weather / Wind Conditions: \_\_\_\_\_

List/Describe all personal protective equipment (PPE) in use by person exposed or injured: \_\_\_\_\_

\_\_\_\_\_

**If Chemicals Involved:**

Name(s) of Chemical(s) Encountered: \_\_\_\_\_

\_\_\_\_\_

Form of Chemicals (Solid, Liquid, Gas, Vapor, Dust, Mist Fume): \_\_\_\_\_

Describe Radiological Materials (if any): \_\_\_\_\_

Volume or Quantity Released: \_\_\_\_\_

**Description of Accident/Incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contributing Factors:** \_\_\_\_\_

\_\_\_\_\_

What **corrective actions** are being taken to prevent recurrence? Also list the person responsible for implementing and the target completion date for each item.

---

---

---

Was an SPA/JSA developed for the task being performed? Yes/No\_\_\_\_, If yes, attach a copy.

Was a permit issued? Yes/No \_\_\_\_\_, If yes, attach a copy of the permit in effect at time of the incident.

**Indirect** cause: **Lack of:** Training\_\_\_\_, Resources\_\_\_\_, Belief\_\_\_\_ (\*explain)

---

**Basic** cause: **Failure to:** Plan\_\_\_\_, Direct\_\_\_\_, Organize\_\_\_\_, Control\_\_\_\_(\*explain)

---

**INVESTIGATION TEAM MEMBERS:**

Injured / Involved:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Supervisor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Site/Office Manager:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

HSE Professional:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Others)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Others)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Client Representative(s) Contacted: \_\_\_\_\_

Agency Representative(s) Contacted: \_\_\_\_\_

- \* Attach additional sheets and supplemental data & information as necessary.
- \*\* Distribution: Original must be filed on-site; 1 copy must be sent promptly to the Corporate Health and Safety Department.

## Injured Employee's Statement

Date:

Name:

Title:

Social Security Number:

Temporary Address:

Phone No:

Permanent Address:

Phone No:

Location At Time Of Accident:

Describe How The Accident Happened:

---

Signature



